## Howard County Medicare Advantage Plan Options 1/1/14 - 12/31/14

	Medicare 10 ESA PPO Custom Plan		Medicare 95 ESA PPO Custom Plan		
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Type of Plan	Medicare Ad	Medicare Advantage Plan		Medicare Advantage Plan	
Deductible	\$0		\$300		
Annual Maximum OOP Limit (includes			_		
deductible) Must not be more than	\$6,700		\$1,000		
\$6,700 on MA plan Member Coinsurance	N/A	N/A	5% coinsurance	5% coinsurance	
PCP	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
PCP After Hours	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
Office Visits	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
X-rays/Lab Tests (Diagnostic Testing)	\$10 copay	\$10 copay	5% coinsurance	100% after	
N-rays/Lab rests (Diagnostic resting)	фто сорау	фто сорау	370 combarance	deductible	
Complex Radiology (includes CAT/ PET/ MRI)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
Outpatient Kidney Dialysis	\$10 copay	\$10 copay	5% coinsurance	100% after deductible	
Therapy (Physical, Occupational & Speech)	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
Home Health Services	No copay	No copay	0% coinsurance	0% coinsurance	
Diabetic Self-Monitoring/ Supplies	No copay	No copay	0% coinsurance	100% after deductible	
DME	10% coinsurance	10% coinsurance	5% coinsurance	5% coinsurance	
Prosthetic Devices	10% coinsurance	10% coinsurance	5% coinsurance	5% coinsurance	
Outpatient Surgery	No copay	No copay	5% coinsurance	5% coinsurance	
Hospital Admission	No copay	No copay	\$250 per stay	\$250 per stay	
Emergency Room (Copay waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	
Urgent Care	\$10 copay	\$10 copay	\$35 copay	\$35 copay	
Ambulance	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
Annual Wellness Exam	No copay	No copay	0% coinsurance	0% coinsurance	
Routine Physical	No copay	No copay	0% coinsurance	0% coinsurance	
Routine Eye	No copay	No copay	0% coinsurance	0% coinsurance	
Routine GYN Exam	No copay	No copay	0% coinsurance	0% coinsurance	
Routine Mammogram	No copay	No copay	0% coinsurance	0% coinsurance	
Bone Mass Measurement	No copay	No copay	0% coinsurance	0% coinsurance	
Colorectal Screening Exams	No copay	No copay	0% coinsurance	0% coinsurance	
Prostate Cancer Screening Exams	No copay	No copay	0% coinsurance	0% coinsurance	
Immunizations (Pneumonia, Flu and	No copay	No copay	0% coinsurance	0% coinsurance	
Hepatitis B) Additional Medicare Covered Benefits *	No copay	No copay	0% coinsurance	0% coinsurance	
Routine Hearing exam (from	No copay	No copay	0% coinsurance	0% coinsurance	
contracted vendor)		-			
Chiropractic Care (Limited to Medicare	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
covered Benefits only) Routine Podiatry Services	Not Covered	Not Covered	Not covered	Not covered	
Non-Routine Podiatry Services	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
(Medicare Covered)	φ. ο σορα,	ψ.ο σορα,	2,0 0000101100	270 0000101100	
Skilled Nursing Care (100 days per	\$0 days 1-10	\$0 days 1-10	0% days 1-20;	0% days 1-20;	
Medicare benefit period; prior hospital	\$25 days 11-20	\$25 days 11-20	5% days 21-100	5% days 21-100	
stay not required) Mental Health inpatient (Unlimited	\$50 days 21-100 No copay	\$50 days 21-100 No copay	\$250 Per stay	\$250 Per stay	
days)	140 oopay	140 copay	Ψ200 i 6i 3iay	Ψ200 i Gi 3iay	
Mental Health outpatient	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance	
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	Medicare 10 ESA PPO Custom Plan		Medicare 95 ESA PPO	
			<b>Custom Plan</b>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Substance Abuse	No copay	No copay	\$250 Per stay	\$250 Per stay
Outpatient Substance Abuse	\$10 copay	\$10 copay	5% coinsurance	5% coinsurance
Part B drugs	No copay	No copay	0% coinsurance	100% after deductible
Wellness Benefits	Gym Membership, Coaching,		Gym Membership, Coaching,	
Hearing Aid Reimbursement	\$500 (every 36 mos.)		\$500 (every 36 mos.)	
Prescription Lens Reimbursement	\$135 (every 24 mos.)		\$135 (every 24 mos.)	
Pharmacy Benefit	Custom Part D PDP that mirrors \$10/\$30/\$50 current Rx plan copays		Custom Part D PDP that mirrors \$10/\$30/\$50 current Rx plan copays	
* Additional Medicare Covered benefits	Services inclusioned screening for a aneurysm (AAA) disease scree screening tests management to medical nutrition to screening, smoking cessation conscreening, set behavioral counset to reduce alcohologous for depression sexually transm (STIs) and high in counseling to pre-	care Preventive de ultrasound bdominal aortic of cardiovascular ning, diabetes self-raining (DSMT), herapy, glaucomang & tobacco use unseling, HIV creening and eling interventions misuse, screening for nitted infections stensity behavioral vent STIs, obesity scular disease.	Additional Medicare Preventive Services include ultrasound screening for abdominal aortic aneurysm (AAA), cardiovascular disease screening, diabetes screening tests, diabetes self- management training (DSMT), medical nutrition therapy, glaucoma screening, smoking & tobacco use cessation counseling, HIV screening, screening and behavioral counseling interventions to reduce alcohol misuse, screening for depression, screening for sexually transmitted infections (STIs) and high intensity behavioral counseling to prevent STIs, obesity and cardiovascular disease.	